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7590

11/25/2003

David J. Gaskey
 Carlson, Gaskey & Olds
 Suite 350
 400 W. Maple
 Birmingham, MI 48009



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Theresa M. Palmateer

(Depositor's name)

(Signature)

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/751,922	12/29/2000	Zbigniew Piech	60.469-032	5344

TITLE OF INVENTION: INTEGRALLY SKEWED PERMANENT MAGNET FOR USE IN AN ELECTRIC MACHINE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	02/25/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
ADDISON, KAREN B	2834	310-156430

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Carlson, Gaskey & Olds

2. _____

3. _____

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Otis Elevator Company

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Farmington, CT

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies _____

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☐ A check in the amount of the fee(s) is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment Deposit Account Number 50-1482 (enclose an extra copy of this form).

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1-26-04

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01 FC:1504
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